

HEALTH SPA REGISTRATION

(EFFECTIVE July 15, 1988)

**Health Spa Registrations
Office of the Attorney General
Consumer Protection Division
1024 Capitol Center Drive
Frankfort, Kentucky 40601-8204
502/696-5389**

INSTRUCTIONS

1. You must submit this registration statement each year no later than July 1.
2. You must submit a copy of your articles of incorporation, by-laws, constitution, or partnership agreement with the first registration statement that you file. After that, you do not need to submit these documents unless there is a change. When a change is made in any of these documents, you must then submit a copy of the amended document.
3. Answer each question thoroughly and in a detailed manner. You may use additional pages if necessary. Please refer to the additional information in the appropriate blank on the registration statement. If the question does not apply to your organization, answer “N/A”. Do not leave any answers blank.
4. Please type or write legibly.
5. You must submit a registration fee in the amount of \$100 with your initial registration statement. Renewal registration statements are to be accompanied by a registration fee in the amount of \$50. Checks should be made payable to the Commonwealth of Kentucky.
6. A separate registration statement is required for each location.

HEALTH SPA REGISTRATION STATEMENT

Please provide all of the information requested. Attach additional pages if necessary to complete the registration statement. The providing of false or incomplete information is prohibited and may result in legal action. A separate registration statement is required for each health spa.

- 1.** Name and address of health spa:

Telephone Number: _____/_____ - _____

- 2.** If you are currently incorporated, please list name and address of parent corporation:

Date Incorporated: _____

Name of agent authorized to accept service of process in Kentucky:

- 3.** Date spa operation began: _____

- 4.** Name, Address and Account Number of Financial Institution:

- 5.** If there is more than one spa location in Kentucky, list name and address of each spa, designating which location is the home/main office:

- 6.** Officers, directors, managers of health spa (include owner name if not incorporated):

| NAME | ADDRESS | POSITION/TITLE |
|------|---------|----------------|
| | | |
| | | |
| | | |
| | | |

7. Officers and directors of parent corporation:

| NAME | ADDRESS | POSITION/TITLE |
|------|---------|----------------|
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8. Facilities available:

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9. Approximate size of the health spa (square feet): _____

10. Is a shower area or locker room provided within the health spa? Yes _____ **No** _____

11. Employees:

| NAME | HOME ADDRESS | QUALIFICATIONS |
|------|--------------|----------------|
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12. Membership plans: see instructions a-d below, attach additional pages if necessary

Please provide the information requested for each membership plan, including special offers, that are now in effect. *If, at any time after submitting this registration form, a special is offered that is not listed, please notify the Office of Attorney General, Consumer Protection Division at least two weeks before the special is offered.

| TYPE | CONTRACT PERIOD | CONTRACT PRICE | INITIATION FEE | METHOD OF PAYMENT | FACILITIES ENTITLED TO |
|------|-----------------|----------------|----------------|-------------------|------------------------|
| | | | | | |
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- a** The term “contract period” means the total period of health spa use allowed by a member’s contract, including time periods that are represented as free of charge.
- b** The term “contract price” means the total consideration paid for a membership including initiation fees and all installment payments.
- c** The term “initiation fee” means any non-recurring fee charged at or near the beginning of a health spa membership or renewal period.
- d** Method of Payment Column:
Please state whether the method of payment is one lump sum, a series of installment payments, or a choice of either. For lump sum payment plans, state the amount of the lump sum payment. For installment plans, state the number and amount of the installment payments and whether they are monthly, weekly, etc.

13. Has the registrant or any of its officers or directors been a defendant in any litigation within the last three (3) years? If so, please specify:

14. Total number of unexpired contracts:_____. If a new health spa, what is the expected membership once the health spa is in operation?_____.**

****IF THERE IS AN INCREASE IN MEMBERSHIP CONTRACTS BEYOND THE NUMBER STATED ABOVE, YOU MUST AMEND YOUR REGISTRATION STATEMENT.**

FURTHER AFFIANT SAYETH NOT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AFFIANT

Subscribed and sworn to before me this the ____ day of _____, 19____.

NOTARY PUBLIC

My Commission Expires_____.

THIS REGISTRATION STATEMENT SHOULD BE MAILED TO:

**OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER PROTECTION
1024 CAPITAL CENTER DRIVE
FRANKFORT, KY 40601-8204
ATTN: HEALTH SPAS**

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